

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC**

Full Name (Last, First, Middle Initial)

**A. David C. Norcross MD**

Mailing Address 2210 King Blvd

City State Zip Code  
Casper WY 82604-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Wyoming Otolaryngology Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2015

**Transaction ID : 7340256**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Steven D Handler MD, MBE**

Mailing Address 34th Street & Civic Center Bouleva  
ENT 1 Wood Center

City State Zip Code  
Philadelphia PA 19104-4399

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Children's Hospital of Philadelphia Pe Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2015

**Transaction ID : 7340258**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Charles A. Elmaraghy MD**

Mailing Address 555 S 18th St Ste 2A

City State Zip Code  
Columbus OH 43205-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Ohio State Univ Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2015

**Transaction ID : 7340294**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

865.00